

EXHIBIT B



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Helena Hoskinson
5321 Millington Road
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-017.00-02-06.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



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May 27, 2008

Roy Gene Leager
5003 Millington Road
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-017.00-02-07.01

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May 27, 2008

Martha L Cordray
766 S Halsey Road
Dover, DE 19901

Re: Kent County Delaware Tax Parcel(s) KH00-017.00-02-07.03

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May 27, 2008

Joshua Wallace and Bertha Marie Hudson
4675 Millington Road
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-017.00-02-13.00

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June 23, 2008

Thomas H, Jr and Claire E Lilly
2533 Alley Corner Road
Clayton, DE 19938

Dear Mr and Mrs Lilly:

Thank you for your recent request to be served by Artesian Water Company, Inc. In order for your parcel to be included in our territory, we must file an application with the Delaware Public Service Commission. Part of this process includes sending you a certified letter informing you of this action.

The letter we sent to you was returned as **"not accepted"**. I have attached a copy of the certified letter sent previously.

If you have any questions please don't hesitate to contact me at 800 332-5114.

Sincerely,

Alan L. Fleetwood
CPCN Coordinator





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May 27, 2008

Thomas H, Jr and Claire E Lilly
2533 Alley Corner Road
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-017.00-02-26.14

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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May 27, 2008

Wayde P and Vergie L Morris
2102 Alley Corner Road
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-017.00-02-29.03

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May 27, 2008

Eric W LaPointe and Christy L Flowers
5771 Underwoods Corner Road
Smyrna, DE 19977

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- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

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May 27, 2008

Gary N and Diane F Eberhard
6508 Millington Road
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-018.00-01-30.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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May 27, 2008

Lance M and Heather M Poore
161 Whistelfield Way
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-018.03-04-04.00

To Whom It May Concern:

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Sincerely,

Alan L. Fleetwood

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May 27, 2008

David M and Marcia B Gomez
195 Whistlefield Way
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-018.03-04-05.00

To Whom It May Concern:

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May 27, 2008

Michael D and Bobbie Jo Carbine
233 Whistlefield Way
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-018.03-04-07.00

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

David Stevenson
250 Whistlefield Way
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-018.03-04-09.00

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May 27, 2008

Donald W and Diane M Eastburn
90 Eastburn Drive
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-026.00-01-08.02

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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CPCN Coordinator

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May 27, 2008

James E and Judy M Kaufman
995 Alley Corner Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-01.07

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 23, 2008

Charles B, Jr and Laura Jane Ross
1335 Alley Corner Road
Smyrna, DE 19977

To Whom It May Concern:

Thank you for your recent request to be served by Artesian Water Company, Inc. In order for your parcel to be included in our territory, we must file an application with the Delaware Public Service Commission. Part of this process includes sending you a certified letter informing you of this action.

The letter we sent to you was returned as "**not accepted**". I have attached a copy of the certified letter sent previously.

If you have any questions please don't hesitate to contact me at 800 332-5114.

Sincerely,

Alan L. Fleetwood
CPCN Coordinator





100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Charles B, Jr and Laura Jane Ross
1335 Alley Corner Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-04.01

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Leonard L and Phyllis M Chandler
6277 Underwoods Corner Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-06.00 thru -08.00

To Whom It May Concern:

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Sincerely,

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CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

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May 27, 2008

Ernest M Carlisle, Jr
467 Alley Corner Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-26.03 and -26.05

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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Sincerely,

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CPCN Coordinator

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Dover, DE 19904



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100 YEARS OF SUPERIOR SERVICE

May 27, 2008

Gary A and Beverly J Sweetman
220 Alley Corner Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-31.11

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

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May 27, 2008

Gerald C and Gladys M Llewellyn
2081 Wheatleys Pond Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-31.18

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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Alan L. Fleetwood

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CPCN Coordinator

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May 27, 2008

Matthew Christian and Rebecca Bailey Denight
2209 Wheatley's Pond Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-31.22

To Whom It May Concern:

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Alan L. Fleetwood
CPCN Coordinator

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- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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- (4) You may also request a public hearing on this matter. A request for a public hearing must be made in writing to the Commission within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
- (6) Any written notice you send to the Commission must include the description of the service area referred to in paragraph (1) above and the name of the applicant so the Commission will be able to identify the CPCN Application to which your notice is related.
- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Larry D and Phyllis G Simpkins
2253 Wheatleys Pond Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-31.24

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

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Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Michael T and Virginia A Jock
370 Alley Corner Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-027.00-01-31.28

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Joseph B Insley
1 Christenson Ct
Frederica, DE 19946

Re: Kent County Delaware Tax Parcel(s) KH00-035.00-01-34.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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Dover, DE 19904

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$ 3.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage	5.32

7005 1820 0007 7548 9540

MAILED MAY 27 2008
 CASTLE DE 19720

Sent To: Gerald W and Candace F Dunning
 911 Mr Friendship Road
 Smyrna, DE 19977

Street, Apt. No.
 or PO Box No.
 City, State, Zi

TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gerald W and Candace F Dunning
 911 Mr Friendship Road
 Smyrna, DE 19977

TMME

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

JERRY DUNNING

C. Date of Delivery

6-2-08

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 1820 0007 7548 9540

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

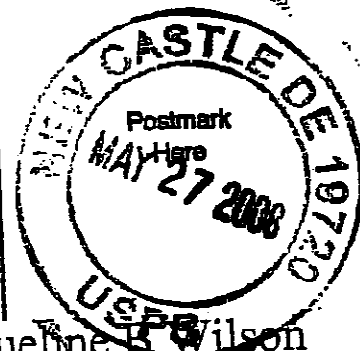
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 1.42
Certified Fee 2.70
Return Receipt Fee
(Endorsement Required) 2.20
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$5.32



Sent To William J and Jacqueline B Wilson
949 Mt Friendship Road
Smyrna, DE 19977
City, State, ZIP
TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William J and Jacqueline B Wilson
949 Mt Friendship Road
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☒ Addressee
Jacqueline B Wilson
B. Received by (Printed Name) *Jacqueline Wilson*
C. Date of Delivery *06/02/08*
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0007 7548 9533

Domestic Return Receipt

102595-02-M-1540

7005 1820 0007 7548 9526

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT

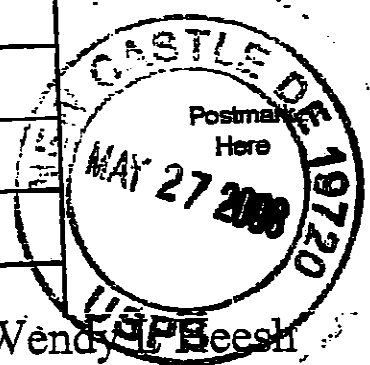
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage	5.32
George M and Wendy L Heesh	
Sent To	1037 Mt Friendship Road
Street, Apt. No., or PO Box No.	Smyrna, DE 19977
City, State, ZIP	TMME

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

George M and Wendy L Heesh
1037 Mt Friendship Road
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature <input checked="" type="checkbox"/> <i>Wendy L Heesh</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Wendy L Heesh</i>	C. Date of Delivery <i>6-2-08</i>
D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7005 1820 0007 7548 9526

Domestic Return Receipt

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U.S. Postal Service™

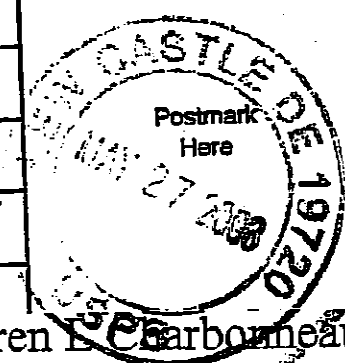
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 1.72
Certified Fee 2.00
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required) 5.32
Total Postage 11.24



Sent To Robert A and Karen L Charbonneau
2358 Bryn Zion Road
Smyrna, DE 19977
City, State, ZIP+4 TMME

PS Form 3800, 1-04

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert A and Karen L Charbonneau
2358 Bryn Zion Road
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Robert A Charbonneau

C. Date of Delivery

05/30/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 1820 0007 7548 9519

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

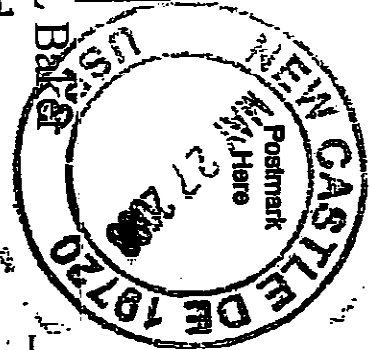
7005 1820 0007 7548 9502

Postage	\$ 1.72
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

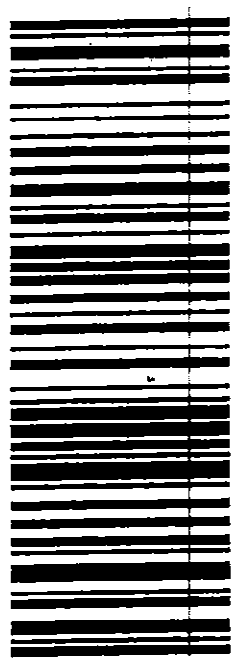
Sent To
 James D and Jamie L Baker
 2180 Bryn Zion Road
 Smyrna, DE 19977

Street, Apt. N
 or PO Box N
 City, State, Z

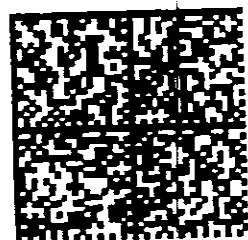
PS Form 380



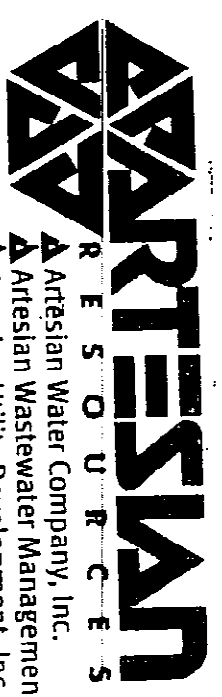
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL[®]



7005 1820 0007 7548 9502



UNITED STATES POSTAGE
 \$ 05.320
 02 1A
 0004397843
 MAY 27 2008
 MAILED FROM ZIP CODE 19702



RE SOURCES 106
 Artesian Water Company, Inc.
 Artesian Wastewater Management, Inc.
 Artesian Utility Development, Inc.

664 Churchmans Road, Newark, Delaware 19702
 P.O. Box 15004, Wilmington, Delaware 19850

James D and Jamie L Baker
 2180 Bryn Zion Road
 Smyrna, DE 19977

1985065004
 1997743800

May 27, NIXIE 197 DE 1 00 08/14/08 FWD
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 19850500404 *1527-10538-27-35

5-2896
 6-2 106
 6-12

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OFFICIAL USE

Postage

\$

.42

Certified Fee

2.70

Return Receipt Fee
(Endorsement Required)

2.20

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$5.32

Sent To

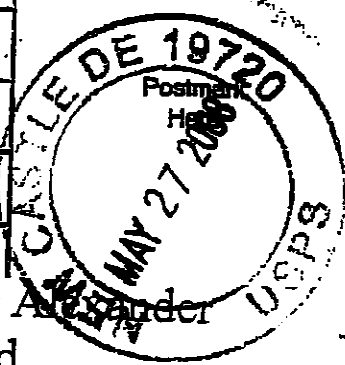
Street, Apt. #
or PO Box #

City, State, Z

Kevin and Ruth Ann Alexander
1548 Bryn Zion Road
Smyrna, DE 19977

TMME

PS Form 380



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norman E and Ray Ann Alexander
860 Wheatleys Pond Road
Clayton, DE 19938

TMME

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Ray Ann Alexander*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

RAY ANN ALEXANDER

C. Date of Delivery

5/29/08

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 1820 0007 7548 9472

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

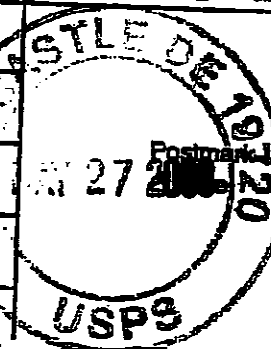
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees

42
2.70
2.20
5.32



Sent To
Street, Apt. 1
or PO Box N
City, State, ZIP

Kenith B Alexander and Sandra E
Ennis-Alexander
818 Wheatleys Pond Road
Clayton, DE 19938

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenith B Alexander and Sandra E
Ennis-Alexander
818 Wheatleys Pond Road
Clayton, DE 19938

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Sandra E Alexander ☐ Agent

B. Received by (Printed Name)

Sandra E Alexander ☐ Addressee

C. Date of Delivery

5/3/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0007 7548 9489

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$

.42

Certified Fee

2.70

Return Receipt Fee
(Endorsement Required)

2.20

Restricted Delivery Fee
(Endorsement Required)

Total Postage

5.32

Norman E and Ray Ann Alexander

Sent To

860 Wheatleys Pond Road

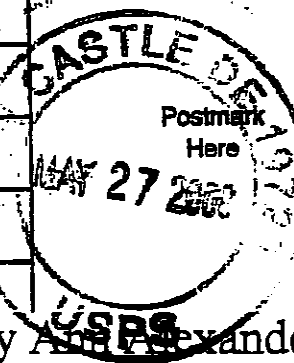
Street, Apt. No.
or PO Box No.

Clayton, DE 19938

City, State, Zip

TMME

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kevin and Ruth Ann Alexander
1548 Bryn Zion Road
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Brook Alexander*

B. Received by (Printed Name)

Brook Alexander

C. Date

5-28-04

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 1820 0007 7548 9496

Domestic Return Receipt

102595-02-M-1540

7005 1820 0007 7548 9465

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ <u>42</u>
Certified Fee	<u>2.70</u>
Return Receipt Fee (Endorsement Required)	<u>2.20</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	<u>5.32</u>
Sent To <u>Zonia E and Charlotte M Tackett</u>	
<u>1733 Bryn Zion Road</u>	
<u>Smyrna, DE 19977</u>	
City, State, Z <u>TMME</u>	
PS Form 380	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Zonia E and Charlotte M Tackett
1733 Bryn Zion Road
Smyrna, DE 19977

TMME

COMPLETE THIS SECTION ON DELIVERY

A. Signature Zonia Tackett ☐ Agent ☒ Addressee

B. Received by (Printed Name) Zonia Tackett C. Date of Delivery 5-29-08

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0007 7548 9465

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

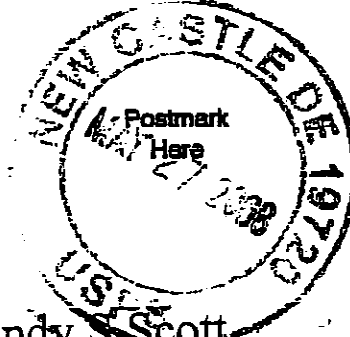
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7005 1820 0007 7548 9458

Postage \$ 1.72
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 5.32



Sent To
 Street, Apt. N
 or PO Box N
 City, State, Z

Harvey W, III and Cindy S Scott
 1960 Wheatleys Pond Road
 Smyrna, DE 19977

TMME

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Harvey W, III and Cindy S Scott
 1960 Wheatleys Pond Road
 Smyrna, DE 19977

TMME

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Cindy S Scott* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *Cindy S Scott* C. Date of Delivery *10-3-08*

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7005 1820 0007 7548 9458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

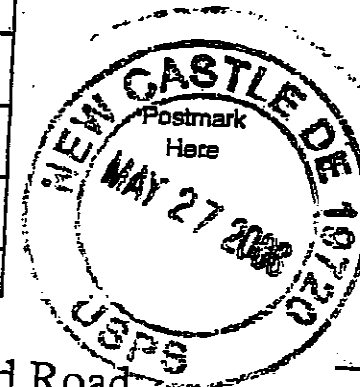
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 1.42
Certified Fee 2.70
Return Receipt Fee
(Endorsement Required) 2.20
Restricted Delivery Fee
(Endorsement Required)
Total Postage 5.32



Sent To
Kristy R Craig
1930 Wheatleys Pond Road
Smyrna, DE 19977

Street, Apt. #
or PO Box No.
City, State, Z

TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kristy R Craig
1930 Wheatleys Pond Road
Smyrna, DE 19977

TMME

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Kristy Craig

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Kristy Craig

C. Date of Delivery

6-10-08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0825

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

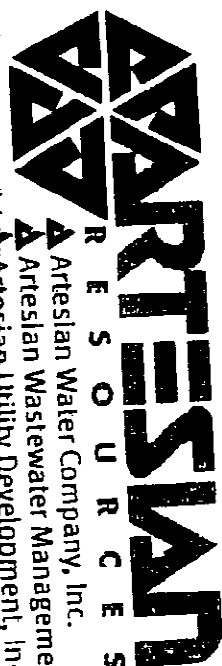
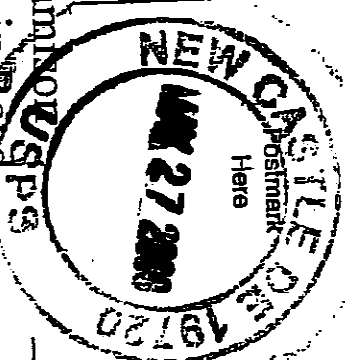
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32
Sent To	Larry E and Joann Jamison 2020 Mount Friendship Road Smyrna, DE 19977
Street, Apt. # or PO Box #	
City, State, Z	
PS Form 386	TMME

PS Form 386

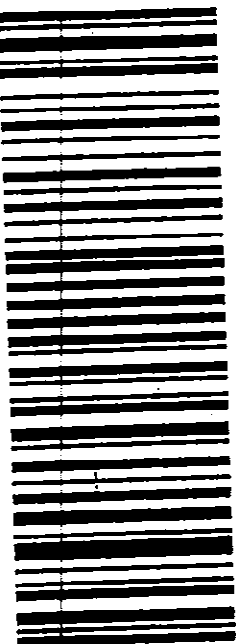


ARTESIAN Water Company, Inc.
ARTESIAN Wastewater Management, Inc.
ARTESIAN Utility Development, Inc.

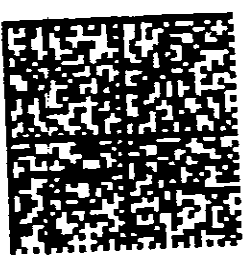
664 Churchmans Road, Newark, Delaware 19701
P.O. Box 15004, Wilmington, Delaware 19850

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7006 0810 0002 3743 0818



UNITED STATES POSTAGE
PRIMEV BOWES
\$ 05.320
02 1A
0004397843 MAY 27 2008
MAILED FROM ZIP CODE 19702

5-28 PC
06/03
6-12

Larry E and Joann Jamison
2020 Mount Friendship Road
Smyrna, DE 19977

1985005004
1985005004

NIXIE 197 DE 1 00 06/14/08 FWD
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 19850500404 *1527-14098-27-36
19850500404

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 1.72
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.32

Postmark Here
 NEW CASTLE
 MAY 27 2006

Sent To
 Grace W Henry
 1896 Mount Friendship Road
 Smyrna, DE 19977

City, State, TMME

PS Form 3811

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Grace W Henry</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Grace W Henry 1896 Mount Friendship Road Smyrna, DE 19977</p> <p>TMME</p>		<p>B. Received by (Printed Name) <i>Joyce Henry</i></p> <p>C. Date of Delivery <i>5-28-06</i></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7006 0810 0002 3743 0801</p>		<p>102595-02-M-1540</p>	

U.S. Postal Service™

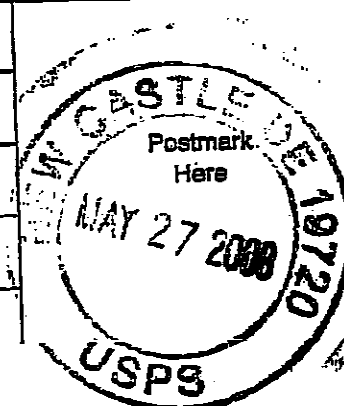
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.72
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32



Sent To
Frances E Davis
P O Box 93
Smyrna, DE 19977
City, State, Zi

TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Frances E Davis
P O Box 93
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *William E Davis* ☐ Agent ☐ Addressee

B. Received by (Printed Name)
WILLIAM E DAVIS

C. Date of Delivery
6-3-08

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0795

Domestic Return Receipt

102595-02-M-1540

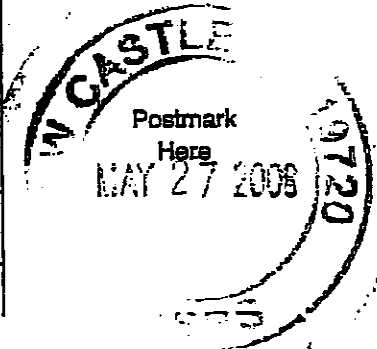
9820 E42E 2000 0780 9002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32



Sent To **Betty J Cook**
1500 Wheatleys Pond Road
Smyrna, DE 19977
City, State, TMME
PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Betty J Cook
1500 Wheatleys Pond Road
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
Shirley Butcher ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
Shirley Butcher *5-28-08*
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0788

Domestic Return Receipt

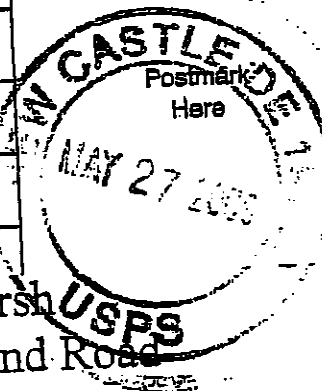
102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.42
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees 5.32



Sent To Jane B Ramsey Marsh
1436 Wheatleys Pond Road
Smyrna, DE 19977

TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jane B Ramsey Marsh
1436 Wheatleys Pond Road
Smyrna, DE 19977

TMME

COMPLETE THIS SECTION ON DELIVERY

A. Signature Jane B Ramsey ☐ Agent ☒ Addressee
B. Received by (Printed Name) Jane B Ramsey C. Date of Delivery 5/28/08
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

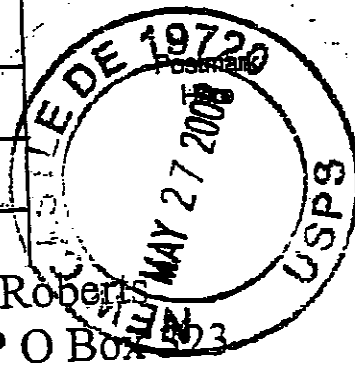
Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Sent To
Francis and Alice Roberts
201 Hamilton St P O Box 323
Delaware City, DE 19706

Street, Apt. No.
or PO Box No.
City, State, ZIP

TMME

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Francis and Alice Roberts
201 Hamilton St P O Box 323
Delaware City, DE 19706

TMME

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
*Valerie Roberts ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Valerie Roberts
19706

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7006 0810 0002 3743 0764

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 0757

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

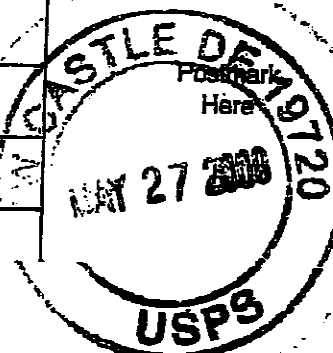
OFFICIAL USE

Postage \$.42
Certified Fee 2.70
Return Receipt Fee
(Endorsement Required) 2.20
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$ 5.32

Sent To
Joseph B Insley
1 Christenson Ct
Frederica, DE 19946

Street, Apt. No.
or PO Box No.
City, State, Zip

PS Form 3800
TMME



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joseph B Insley
1 Christenson Ct
Frederica, DE 19946

TMME

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0757

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

0420 E42E 2000 0810 0002 3743 0740

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32

CASTLE ROCK, NM
 MAY 27 2004
 19720

Sent To: Michael T and Virginia A Jock
 370 Alley Corner Road
 Smyrna, DE 19977

Street, Apt. No. or PO Box No.
 City, State, Zip

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:
 Michael T and Virginia A Jock
 370 Alley Corner Road
 Smyrna, DE 19977

TMME

2. Article Number
 (Transfer from service label)
 PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Virginia Jock ☐ Agent ☐ Addressee

B. Received by (Printed Name)
 Virginia Jock

C. Date of Delivery
 5-28-04

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0740

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 42
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required) 5.32
 Total Postage 10.62

Sent To Larry D and Phyllis G Simpkins
2253 Wheatleys Pond Road
Smyrna, DE 19977

Street, Apt. N or PO Box N
 City, State, Z

PS Form 380

NEW CASTLE DE 19977
 MAY 27 2008

TMME

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Larry D and Phyllis G Simpkins
2253 Wheatleys Pond Road
Smyrna, DE 19977

TMME

2. Article Number
 (Transfer from service label)
7006 0810 0002 3743 0733

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Phyllis G Simpkins ☐ Agent ☒ Addressee

B. Received by (Printed Name) Phyllis G Simpkins

C. Date of Delivery 05/28/08

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 0726

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$.42
Certified Fee 2.70
Return Receipt Fee (Endorsement Required) 2.20
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ 5.32

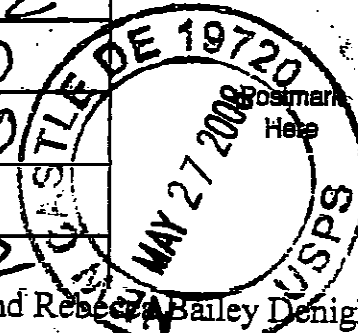
Matthew Christian and Rebecca Bailey Denight

Sent To 2209 Wheatley's Pond Road
Smyrna, DE 19977

Street, Apt.
or PO Box #
City, State,

TMME

PS Form 3811



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Matthew Christian and Rebecca Bailey Denight
2209 Wheatley's Pond Road
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

7006 0810 0002 3743 0726

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Mat Denight

C. Date of Delivery

5-30-08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

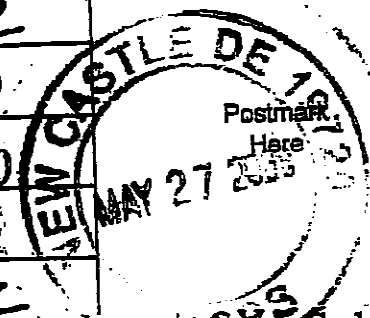
For delivery information visit our website at www.usps.com

OFFICIAL USE

7006 0810 0002 3743 0719

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32
Gerald C and Gladys M Llewellyn 2081 Wheatleys Pond Road Smyrna, DE 19977	
Sent To	
Street, Apt. No. or PO Box No.	
City, State, ZIP	
TMME	

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gerald C and Gladys M Llewellyn
2081 Wheatleys Pond Road
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gladys Llewellyn*

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Gladys Llewellyn

C. Date of Delivery

05/30/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0719

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

2020 0702 3743 0002 0810 0000 0180 9002

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32

NEW CASTLE DE 19700
 Postmark Here
 JUN 27 2008

Sent To: Gary A and Beverly J Sweetman
 220 Alley Corner Road
 Smyrna, DE 19977

PS Form 3800, TMME

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Gary A Sweetman</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>GARY A. SWEETMAN</i></p> <p>C. Date of Delivery <i>06/09/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Gary A and Beverly J Sweetman 220 Alley Corner Road Smyrna, DE 19977</p> <p>TMME</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 0810 0002 3743 0702</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

9690 042E 2000 0180 9002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Sent To: Ernest M Carlisle, Jr
 467 Alley Corner Road
 Smyrna, DE 19977

Street, Apt. No.
 or PO Box No.
 City, State, ZIP

TMME

PS Form 3800

NEW CASTLE DE 19720
 Postmark Here
 MAY 27 2000
 USPS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ernest M Carlisle, Jr
 467 Alley Corner Road
 Smyrna, DE 19977

TMME

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ *Bonnie Carlisle* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Bonnie Carlisle 6-2-08

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0696

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 0689

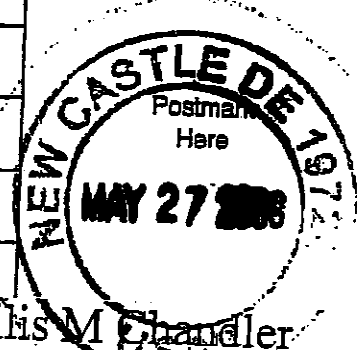
U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32
Sent To Leonard L and Phyllis M Chandler 6277 Underwoods Corner Road Smyrna, DE 19977	
Street, Apt. No. or PO Box No.	
City, State, Zip	
TMME	

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leonard L and Phyllis M Chandler
6277 Underwoods Corner Road
Smyrna, DE 19977

TMME

COMPLETE THIS SECTION ON DELIVERY

A. Signature <i>Phyllis Chandler</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) PHYLLIS CHANDLER	C. Date of Delivery 5-29-08
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7006 0810 0002 3743 0689

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

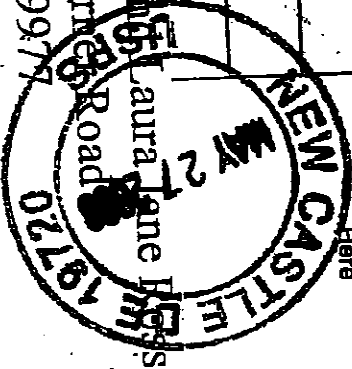
U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

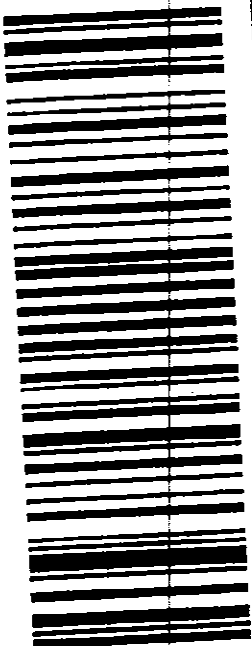
OFFICIAL USE

7206 0810 0002 3743 0672

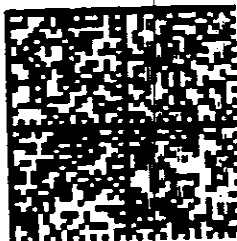
Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32
Sent To	Charles B, Jr and Laura Jane Ross 1335 Alley Corner Road Smyrna, DE 19977
Street, Apt. No., or PO Box No.	
City, State, Zip+	
PS Form 3800, 1-97	



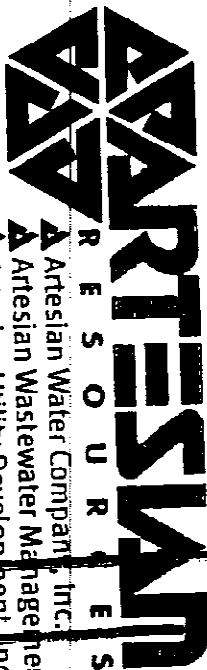
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAILTM



7206 0810 0002 3743 0672



UNITED STATES POSTAGE
 \$ 05.32⁰⁰
 02 1A
 0004397843 MAY 27 2008
 MAILED FROM ZIP CODE 19702



ARTESIAN
 ARTESIAN WATER COMPANY, INC.
 ARTESIAN WASTEWATER MANAGEMENT, INC.
 ARTESIAN UTILITY DEVELOPMENT, INC.

664 Churchmans Road, Newark, Delaware 19702
 P.O. Box 15004, Wilmington, Delaware 19850

Charles B, Jr and Laura Jane Ross
 1335 Alley Corner Road
 Smyrna, DE 19977

1995085004
 1337743741

May 27, NIXIE 197 DE 1 00 08/14/08 FWD
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD
 BC: 199508500404 *1527-13104-27-38
 1337743741

5.32805
 06105

5990 042E 2000 0190 9001
7006 0810 0002 3743 0665

U.S. Postal ServiceTM
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Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.32

James E and Judy M Kaufman
995 Alley Corner Road
Smyrna, DE 19977

CASTLE ROCK
MAY 27 2008
Postage Here

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature X <i>James E Kaufman</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James E. Kaufman</i> C. Date of Delivery <i>5-28-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: James E and Judy M Kaufman 995 Alley Corner Road Smyrna, DE 19977 TMME	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7006 0810 0002 3743 0665

9590 E42E 2000 0780 9002

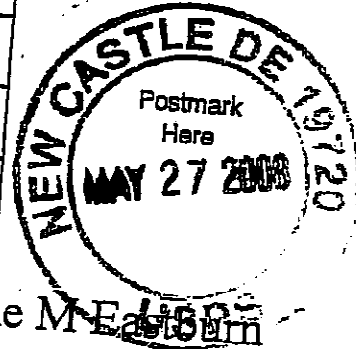
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32



Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP

Donald W and Diane M Eastburn
90 Eastburn Drive
Clayton, DE 19938

TMME

PS Form 3800,

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donald W and Diane M Eastburn
90 Eastburn Drive
Clayton, DE 19938

TMME

2. Article Number
(Transfer from service label)

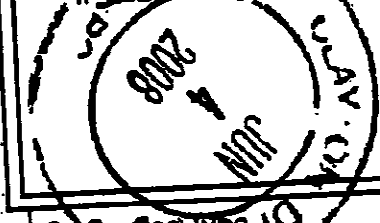
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0658

Domestic Return Receipt

102595-02-M-1540

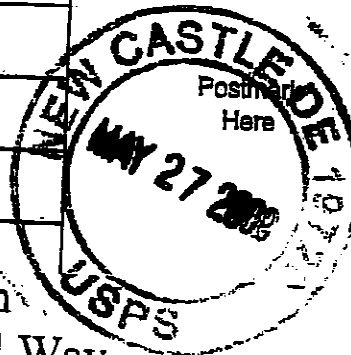
7006 0810 0002 3743 0641

U.S. Postal Service™
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OFFICIAL USE

Postage \$.42
 Certified Fee 2.50
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage 5.32



Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP

David Stevenson
 250 Whistlefield Way
 Smyrna, DE 19977

TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Stevenson
 250 Whistlefield Way
 Smyrna, DE 19977

TMME

2. Article Number
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Smil. Thur ☐ Agent ☐ Addressee

B. Received by (Printed Name) S Noon C. Date of Delivery 5-28-08

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0641

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$

.42

Certified Fee

2.70

Return Receipt Fee
(Endorsement Required)

2.20

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

5.32

Sent To

Street, Apt. No.
or PO Box No.

City, State, Zip

Michael D and Bobbie Jo Carbine
233 Whistlefield Way
Smyrna, DE 19977

TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael D and Bobbie Jo Carbine
233 Whistlefield Way
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michael D Carbine

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Michael D Carbine

C. Date of Delivery

05/20/08

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0917

Domestic Return Receipt

102595-02-M-1540

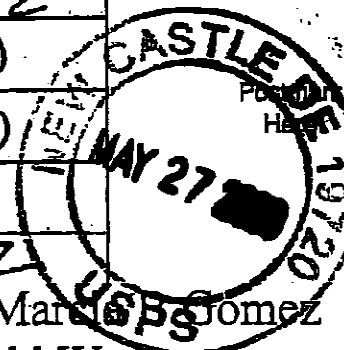
7006 0810 0002 3743 0900

U.S. Postal Service
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32



Sent To **David M and Marcia B Gomez**
195 Whistlefield Way
Smyrna, DE 19977

City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David M and Marcia B Gomez
195 Whistlefield Way
Smyrna, DE 19977

TMME

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Marcy Gomez*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Marcy Gomez

C. Date of Delivery

5/26/04

- D. Is delivery address different from item 1?** ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0900

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 0.42
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.20
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees 5.32

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

Lance M and Heather M Poore
 161 Whistelfield Way
 Smyrna, DE 19977

PS Form 3800, TMME

NEW CASTLE DE 19735
 MAY 27 2004
 Postmark Here

7006 0810 0002 3743 0894

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lance M and Heather M Poore
 161 Whistelfield Way
 Smyrna, DE 19977

TMME

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Paula Bonowski

☐ Agent
☒ Addressee

B. Received by (Printed Name)

Paula Bonowski

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0894

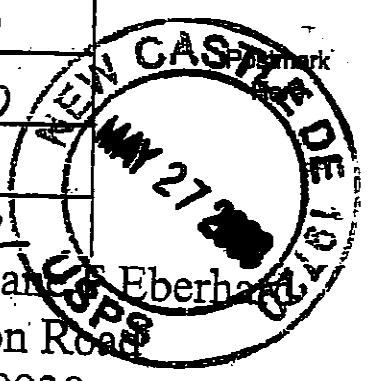
7006 0810 0002 3743 0887

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32



Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP

Gary N and Diane F Eberhard
6508 Millington Road
Clayton, DE 19938

TMME

PS Form 3800,

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary N and Diane F Eberhard
6508 Millington Road
Clayton, DE 19938

TMME

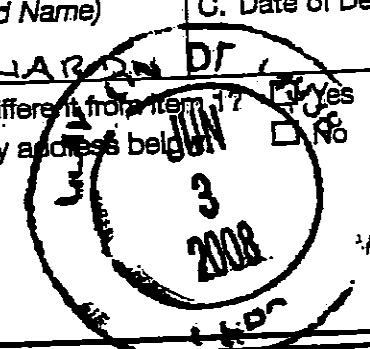
COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

GARY EBERHARD DE

D. Is delivery address different from item 1? ☒ Yes ☐ No
If YES, enter delivery address below



3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7006 0810 0002 3743 0887

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 0870

U.S. Postal ServiceTM

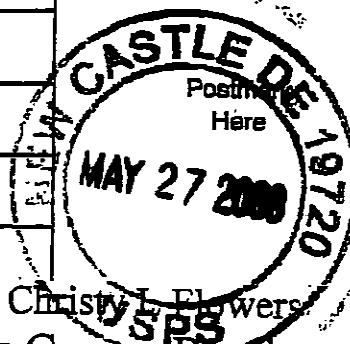
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 0.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32



Sent To

Street, Apt. No.
or PO Box No.
City, State, Zip

Eric W LaPointe and Christy L Flowers
5771 Underwoods Corner Road
Smyrna, DE 19977

TMME

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eric W LaPointe and Christy L Flowers
5771 Underwoods Corner Road
Smyrna, DE 19977

TMME

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *SL*

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Eric LaPointe

C. Date of Delivery

6-6-00

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 0870

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32

Sent To: Wayde P and Vergie L Morris
 2102 Alley Corner Road
 Clayton, DE 19938

City, State, ZIP

TMME

PS Form 3800

7006 0810 0002 3743 0863

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Wayde P and Vergie L Morris
 2102 Alley Corner Road
 Clayton, DE 19938

TMME

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Virgie L Morris*

B. Received by (Printed Name)

Virgie L. Morris

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
 (Transfer from service label)

7006 0810 0002 3743 0863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ 4.70
 Certified Fee 2.70
 Return Receipt Fee (Endorsement Required) 2.00
 Restricted Delivery Fee (Endorsement Required)

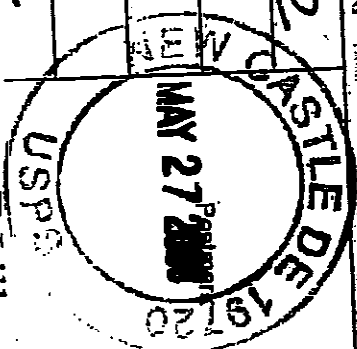
Total Postage & Fees \$ 5.32

Sent To Thomas H, Jr and Claire E Lilly
 2533 Alley Corner Road
 Clayton, DE 19938

Street, Apt. No., or PO Box No.
 City, State, ZIP+

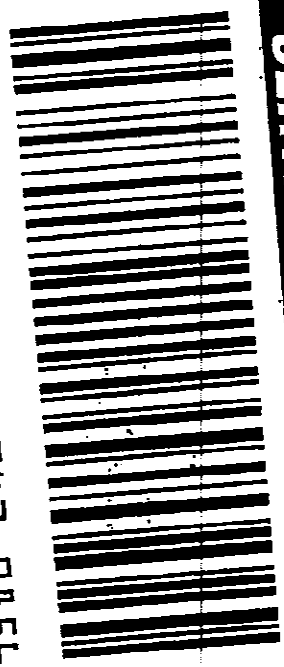
TIME

PS Form 3800

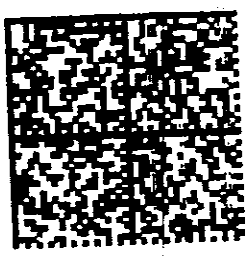


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

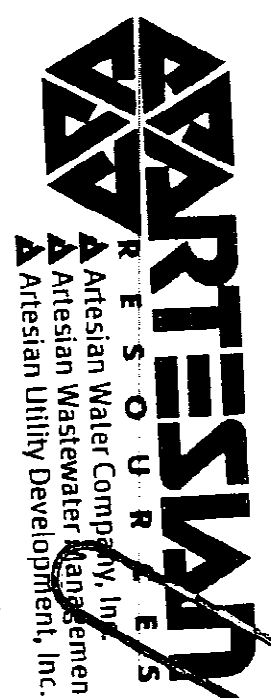
CERTIFIED MAILTM



7006 0810 0002 3743 0856



UNITED STATES POSTAGE
 02 1A
 0004397843 MAY 27 2008
 MAILED FROM ZIP CODE 19702
\$ 05.32
 PITNEY BOWES



664 Churchmans Road, Newark, Delaware 197
 P.O. Box 15004, Wilmington, Delaware 19850
 Artesian Water Company, Inc.
 Artesian Wastewater Management, Inc.
 Artesian Utility Development, Inc.

Thomas H, Jr and Claire E Lilly
 2533 Alley Corner Road
 Clayton, DE 19938

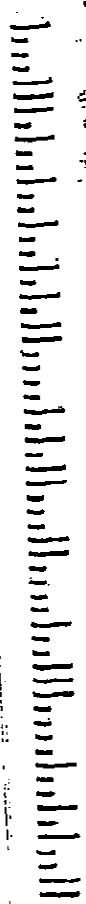
May 27, 2008

1st NOTICE 5-29
 2nd NOTICE 10-3

NIXIE 191 DC 1 75 05/19/08
 RETURN TO SENDER
 UNCLAIMED
 UNABLE TO FORWARD

BC: 19850500404

*1527-12947-27798



6480 3743 0002 0780 9002

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Joshua Wallace and Bertha Marie Hudson
4675 Millington Road
Clayton, DE 19938

Sent To
Street, Apt. No.
or PO Box No.
City, State, ZIP

TMME

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joshua Wallace and Bertha Marie Hudson
4675 Millington Road
Clayton, DE 19938

TMME

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Addressee ☐ Agent

B. Received by (Printed Name) C. Date of Delivery
Bertha Hudson 5/29/08

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0849

Domestic Return Receipt

102595-02-M-1540

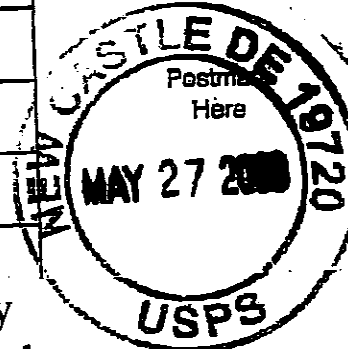
7006 0810 0002 3743 0832

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.42
Certified Fee	2.76
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32



Sent To
Martha L Cordray
766 S Halsey Road
Dover, DE 19901

PS Form 3800, TMME

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Martha L Cordray
766 S Halsey Road
Dover, DE 19901

TMME

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Pat Sterling* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *Pat Sterling* C. Date of Delivery *5/30*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 0832

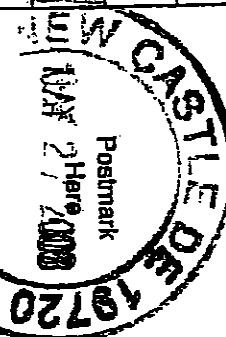
Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE



7550 F42F 2000 0180 0002

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32
Sent To	Roy Gene Leager 5003 Millington Road Clayton, DE 19938
Street, Apt. No. or PO Box No	
City, State, Zi	
PS Form 3800	TMME

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roy Gene Leager
5003 Millington Road
Clayton, DE 19938

TMME

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
<input checked="" type="checkbox"/> Received by (Printed Name)	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
Roy Leager	5-29-08
D. Is delivery address different from Item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input type="checkbox"/> No

3. Service Type

- ☒ Certified Mail
- ☐ Express Mail
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0810 0002 3743 0931

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7006 0810 0002 3743 0924

Postage	\$.42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.32
Sent To	Helena Hoskinson
Street, Apt. No. or PO Box No.	5321 Millington Road
City, State, ZIP	Clayton, DE 19938
PS Form 3800	TMME

Postmark Here
MAR 27 2008
NEW CASTLE DE 19720

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Helena Hoskinson
5321 Millington Road
Clayton, DE 19938

TMME

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Signature ☐ Agent
X Helena Hoskinson
B. Received by (Printed Name) Helena Hoskinson
C. Date of Delivery 5/29/08
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7006 0810 0002 3743 0924

PS Form 3800, February 2004 Domestic Return Receipt 102595-02-M-1540

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (3) Pursuant to current law, you may also elect to opt-out of inclusion in the proposed service area. The term "opt-out" means that you decide that you do not want to receive water service from Artesian Water Company, Inc., even if a majority of the landowners in the proposed service area do elect to receive water service from Artesian Water Company, Inc. If you decide that you do not want to receive water service from Artesian Water Company, Inc. and instead wish to opt-out, you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (4) You may also request a public hearing on this matter. A request for a public hearing must be made in writing to the Commission within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
- (6) Any written notice you send to the Commission must include the description of the service area referred to in paragraph (1) above and the name of the applicant so the Commission will be able to identify the CPCN Application to which your notice is related.
- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Gerald W and Candace F Dunning
911 Mr Friendship Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-19.01

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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- (4) You may also request a public hearing on this matter. A request for a public hearing must be made in writing to the Commission within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

William J and Jacqueline B Wilson
949 Mt Friendship Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-19.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (3) Pursuant to current law, you may also elect to opt-out of inclusion in the proposed service area. The term "opt-out" means that you decide that you do not want to receive water service from Artesian Water Company, Inc., even if a majority of the landowners in the proposed service area do elect to receive water service from Artesian Water Company, Inc. If you decide that you do not want to receive water service from Artesian Water Company, Inc. and instead wish to opt-out, you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
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- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

100 YEARS OF SUPERIOR SERVICE

May 27, 2008

George M and Wendy L Heesh
1037 Mt Friendship Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-16.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- “(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Robert A and Karen L Charbonneau
2358 Bryn Zion Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-13.15 and -14.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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May 27, 2008

James D and Jamie L Baker
2180 Bryn Zion Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-13.10

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator



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Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 23, 2008

James D and Jamie L Baker
2180 Bryn Zion Road
Smyrna, DE 19977

To Whom It May Concern:

Thank you for your recent request to be served by Artesian Water Company, Inc. In order for your parcel to be included in our territory, we must file an application with the Delaware Public Service Commission. Part of this process includes sending you a certified letter informing you of this action.

The letter we sent to you was returned as **"not accepted"**. I have attached a copy of the certified letter sent previously.

If you have any questions please don't hesitate to contact me at 800 332-5114.

Sincerely,

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Dover, DE 19904



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May 27, 2008

Kevin and Ruth Ann Alexander
1548 Bryn Zion Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-09.06

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

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May 27, 2008

Kenith B Alexander and Sandra E Ennis-Alexander
818 Wheatleys Pond Road
Clayton, DE 19938

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-09.05

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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CPCN Coordinator

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May 27, 2008

Norman E and Ray Ann Alexander
860 Wheatleys Pond Road
Clayton, DE 19938

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May 27, 2008

Zonia E and Charlotte M Tackett
1733 Bryn Zion Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-02-03.03

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Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

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- (6) Any written notice you send to the Commission must include the description of the service area referred to in paragraph (1) above and the name of the applicant so the Commission will be able to identify the CPCN Application to which your notice is related.
- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

100 YEARS OF SUPERIOR SERVICE

May 27, 2008

Harvey W, III and Cindy S Scott
1960 Wheatleys Pond Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-34.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

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Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
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100 YEARS OF SUPERIOR SERVICE

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May 27, 2008

Kristy R Craig
1930 Wheatleys Pond Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-33.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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Alan L. Fleetwood

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CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

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May 27, 2008

Larry E and Joann Jamison
2020 Mount Friendship Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-32.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

June 23, 2008

Larry E and Joann Jamison
2020 Mount Friendship Road
Smyrna, DE 19977

Dear Mr and Mrs Jamison:

Thank you for your recent request to be served by Artesian Water Company, Inc. In order for your parcel to be included in our territory, we must file an application with the Delaware Public Service Commission. Part of this process includes sending you a certified letter informing you of this action.

The letter we sent to you was returned as **"not accepted"**. I have attached a copy of the certified letter sent previously.

If you have any questions please don't hesitate to contact me at 800 332-5114.

Sincerely,

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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861 Silver Lake Blvd.
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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Grace W Henry
1896 Mount Friendship Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-28.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

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Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Frances E Davis
P O Box 93
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-15.00

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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May 27, 2008

Betty J Cook
1500 Wheatleys Pond Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-13.02

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

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CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Jane B Ramsey Marsh
1436 Wheatleys Pond Road
Smyrna, DE 19977

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-13.00

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The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

Alan L. Fleetwood

Alan L. Fleetwood
CPCN Coordinator

LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about June 30. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Timber Mills Main Extension . ***If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (3) Pursuant to current law, you may also elect to opt-out of inclusion in the proposed service area. The term "opt-out" means that you decide that you do not want to receive water service from Artesian Water Company, Inc., even if a majority of the landowners in the proposed service area do elect to receive water service from Artesian Water Company, Inc. If you decide that you do not want to receive water service from Artesian Water Company, Inc. and instead wish to opt-out, you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (4) You may also request a public hearing on this matter. A request for a public hearing must be made in writing to the Commission within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
- (6) Any written notice you send to the Commission must include the description of the service area referred to in paragraph (1) above and the name of the applicant so the Commission will be able to identify the CPCN Application to which your notice is related.
- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary
Delaware Public Service Commission
861 Silver Lake Blvd.
Cannon Building, Suite 100
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

May 27, 2008

Francis and Alice Roberts
201 Hamilton St P O Box 323
Delaware City, DE 19706

Re: Kent County Delaware Tax Parcel(s) KH00-036.00-01-09.01, -09.02 and -09.04

To Whom It May Concern:

We recently received a petition from you requesting that Artesian Water Company, Inc. provide water service to your property in Kent County.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

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